

**Work Order ID 59553**

Monday, June 07, 2010 2:13:58 PM



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Item ID: D206-781-051

Accept



Setup Start



Revision ID:

Item Name: Floor Protector (Pilot, Co-Pilot and Passenger)

Stop



Start Date: 6/7/2010 Start Qty: 1.00



Cust Item ID:

Required Date: 6/7/2010 Req'd Qty: 1.00



Customer:

Reference:

Approvals: Process Plan: *mf* Date: *10-6-7*

Tooling:

Date:

Run Start



QC:

Date:

SPC (Y/N):

Date:

Stop



Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr

Revision Nbr

DSI 9480

A

100

0.00



DC

Document Control

Memo

Photocopy bluefile & type labels per PPP D206-781-051/ DSI 9480  
CHG001

0.00

*Siobon**for BG 10/06/07*

110

Pick Kit

0.00



Packaging

Memo

0.00

Packaging

*10/06/07*

120

QC4- 100% Inspect kits for completeness

0.00



QC

Memo

0.00

Quality Control

*Siobon**(70)*

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries

**Work Order ID 59553**

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Item ID: D206-781-051

Accept



Setup Start



Revision ID:

Item Name: Floor Protector (Pilot, Co-Pilot and Passenger)

Stop



Start Date: 6/7/2010 Start Qty: 1.00



Cust Item ID:

Required Date: 6/7/2010 Req'd Qty: 1.00



Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start



QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop

Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

130

0.00



Packaging

Memo

0.00

Packaging

Identify and pack for shipping as per PPP D206-781-051/ DSI 9480

Location: \_\_\_\_\_

PPP rev: PNFT

140

QC21- Final Inspection - Work Order Release

0.00



QC

Memo

0.00

Quality Control

10-6-7

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries

# Picklist Print

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Work Order ID: 59553



Parent Item: D206-781-051



Parent Item Name: Floor Protector (Pilot, Co-Pilot and Passenger)

Start Date: 6/7/2010

Required Date: 6/7/2010

Comments: IPP RevA: New issue DD verified by:EC

Start Qty: 1.00

Required Qty: 1.00

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D206-781-011  Floor Protector (Pilot and Co-Pilot)	CH67001	Manufactured	No			110	Each	5.0000	1	1			

Location

Loc Qty

Loc Code

FG010

5

48594

2

50909

3

98899

D206-781-021  Floor Protector (Passenger Cabin)	CH67001	Manufactured	No			110	Each	5.0000	1	1			
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Location

Loc Qty

Loc Code

FG040

5

50914

5

50914

12/8/17

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries